

AIDS, Policy Analysis, and the Electorate: The Role of Schools of Public Health

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Abstract: Current debates concerning appropriate policy to combat the epidemic of acquired immunodeficiency syndrome (AIDS) have raised critical questions regarding the role that schools of public health and individual public health professionals should play, if any, in AIDS-related policy analysis and social advocacy. In the summer of 1986, the School of Public Health at the University of California at Berkeley initiated a telegram sent by the Deans of all 23 schools of public health to protest US Department of Justice AIDS policy and, in the subsequent fall, the school expanded its public educational role in an unprecedented manner by initiating and

issuing, with California's other three schools of public health, a policy analysis of Proposition 64, the LaRouche AIDS Quarantine Initiative. That analysis exposed the proposition's fallacious claims regarding casual transmission of AIDS and served to educate the electorate on the likely public health impact of this deleterious legislation. Based on these experiences, and in light of ongoing national controversy regarding AIDS, we believe schools of public health have an important role to play in policy analysis, and individual public health professionals have a role to play in social advocacy. (*Am J Public Health* 1988; 78:411-415.)

Introduction

On Monday, June 23, 1986, the United States Department of Justice ruled that Section 504 of the Rehabilitation Act of 1973 did not protect employees from discrimination based on the fear that they might spread acquired immunodeficiency syndrome (AIDS) at work, regardless of whether this fear was "rational or irrational from a medical perspective"; the opinion also cited scientific controversy as to whether AIDS could be spread via casual transmission.¹⁻³ Responding in an unprecedented manner, the deans of all 23 graduate schools of public health in the United States and Puerto Rico sent a telegram to Attorney General Edwin Meese protesting this ruling, stating that public health and medical experts both agreed "AIDS cannot be transmitted by casual contact" and that "public policy must be governed by scientific evidence and not by unsubstantiated beliefs."⁴

That same week, Proposition 64, the LaRouche "Prevent AIDS Now" Initiative, qualified for California's November ballot with nearly 700,000 signatures.^{5,6} Based on the false premise that AIDS is a highly contagious disease, this initiative, if passed, would have required statewide mandatory and reportable AIDS testing, banned anyone who tested positive or had AIDS from working at or attending schools and from food-handling occupations, and imposed quarantine on any persons infected by the AIDS virus or ill with AIDS.⁷ In an equally unprecedented response, on Wednesday, September 24, 1986, the deans and faculties of the four California schools of public health—University of California at Berkeley, University of California at Los Angeles, San Diego State University and Loma Linda University—issued a policy analysis on the likely public health impact of Proposition 64. Designed to answer the question, "Will Proposition 64 help protect the citizens of California and will it help prevent the spread of AIDS in California?", the report⁷ exposed the initiative's inherent fallacies and concluded that passage of Proposition 64 would provoke a "public health disaster."⁸

Summary Statement of the Schools of Public Health's Policy Analysis

Proposition 64, the LaRouche Initiative, runs counter to all public health principles. Contrary to the claims of this Initiative's supporters, AIDS is *not* a casually transmitted disease, and its transmission will not be curtailed by mandatory testing, banning of persons with AIDS or with antibodies to the AIDS virus from either educational or commercial food establishments, or quarantine of any who carry the AIDS virus. Passage of Proposition 64 would be a public health disaster—for people afflicted with AIDS, for persons wrongfully fired from their jobs or excluded from school, for California's over-taxed Medi-Cal system and the health of the state's low-income population, and for future research regarding the transmission, prevention and treatment of AIDS. The public health benefits of Proposition 64 are nonexistent, while the public health liabilities are many. In particular, Proposition 64 would waste state funds on ineffective, coercive intervention programs and thereby divert resources from the only known effective measure to reduce AIDS transmission: massive public health education. For these reasons, we have concluded that there are no public health justifications for, and many public health arguments against, the measures called for by Proposition 64, the LaRouche AIDS Initiative.⁷

At one level, these unparalleled actions simply constituted scientific responses to anti-scientific AIDS policies and policy proposals. As in the case of the recent battles between creationists and evolutionists,⁹ at issue were not contending scientific interpretations based on verifiable empirical evidence, but rather erroneous versus accurate descriptions of phenomena,¹⁰ in this case how AIDS is spread. At another level, however, these actions raised important and complex questions regarding the role that schools of public health should play in policy analysis of current major public health issues and, equally important, the relationship of analysis to advocacy.

It is no accident that the AIDS epidemic has brought these issues to the fore. Like past epidemics in US history, AIDS and the crisis it has engendered have triggered critical and charged debates about fundamental public health policy and will most likely serve as a catalyst for extensive social change.¹¹⁻¹⁴ Moreover, if past experience is any guide, whatever AIDS agenda is finally enacted will reflect not only what is known but what is socially perceived and politically palatable.¹⁴ Given the urgent need for appropriate, compassionate and coherent AIDS policy within the United States, it has become all the more important that public health

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institutions and professionals resolve what part they will play in analyzing and advocating policies regarding AIDS and other public health issues. Toward this end, we present a summary and evaluation of the stance taken by the School of Public Health at the University of California at Berkeley regarding Proposition 64.

The Proposition 64 Campaign

On October 23, 1985, PANIC, the Prevent AIDS Now Initiative Committee, a group formed by supporters of Lyndon LaRouche's National Democratic Policy Committee, filed a ballot initiative in California. Their intent was to make AIDS an "officially reportable disease" and to require "state health officials to quarantine properties or areas of people."¹⁵ In their ballot statement, PANIC contended that AIDS was "being treated as a 'civil rights' issue, rather than as a public health issue."¹⁶ Between then and June 1986, PANIC collected over 690,000 signatures in support of their initiative, almost twice the number needed to get on the ballot.⁵

Representing one of the first, and certainly largest, referenda on AIDS policy, Proposition 64 rapidly attained national significance.¹⁷⁻¹⁸ Though formulated by extremists, this initiative could not be dismissed as insignificant, because it encompassed an AIDS action plan acceptable to those who support testing, segregation, and punitive measures as the best way to halt the epidemic. Expressing this view, Dr. Theresa Crenshaw, one of the members of the Reagan Administration's newly appointed AIDS commission, stated that Proposition 64 was "the right legislation backed by the wrong people,"¹⁹ while another member of the commission, Penny Pullen, the Republican leader of the Illinois state House of Representatives, sponsored Illinois legislation that would enact measures similar to those contained within Proposition 64.²⁰

If passed, Proposition 64 would have required the State of California to declare:

- 1) "that AIDS is an infectious, contagious and communicable disease and that the condition of being a carrier of the HTLV-III virus [the virus that causes AIDS] is an infectious, contagious and communicable condition," and
- 2) that persons with AIDS or who are carriers of the virus be "subject to quarantine and reportable disease regulation."²¹

This language, in turn, would have triggered various public health codes regarding infectious, contagious, and communicable diseases, legally defined as diseases spread by "contact" or "bodily exhalations."²² By stating that "all health officers shall fulfill the duties and obligations set forth in specified statutory provisions"²¹ for these types of diseases, Proposition 64 would have required *mandatory*, rather than *discretionary*, enforcement of these codes, whether or not they had any bearing on the specific means by which AIDS is transmitted.⁷

Alarmed by Proposition 64's flawed premises and its potential to reverse recent gains made in combating AIDS-related hysteria and in developing appropriate AIDS policy, on July 8, 1986, the School of Public Health at University of California at Berkeley resolved to undertake a multifaceted educational effort to inform the electorate about the inaccurate statements and misleading arguments contained within Proposition 64. This effort would include:

- a fact sheet and public service radio announcements explaining why AIDS is not a casually transmitted disease;
- public forums for lay audiences;

- testimony before the state legislature on Proposition 64; and most significantly,
- a policy paper on the public health impact of Proposition 64.

The deans of the three other schools (University of California at Los Angeles, San Diego State University, and Loma Linda University) were contacted and enthusiastically agreed to joint issuance of a policy paper and simultaneous press conferences to publicize the findings.

During the month of July, new groups coalesced to oppose PANIC's Proposition 64, including CALM (Coalition Against the LaRouche Measure) and NO on 64. As in the case of prior (and ongoing) AIDS education and organizing activities, much of anti-Proposition 64 effort was initiated and sustained by the lesbian/gay community. Additional support, however, soon came from other sectors. In early July, several politicians began to speak out against the measure,²³ and Dr. Kenneth Kizer, the director of California's Department of Health Services, warned that, "virtually all of California's 27 million residents could face tests for acquired immune deficiency if the AIDS initiative on the November ballot resulted in a quarantine order."²⁴ Shortly thereafter, the California Association's board of directors unanimously voted to oppose Proposition 64, stating that "no public health purpose would be served by this measure" because AIDS was not casually transmitted and the initiative would drive those most at risk underground.²⁵

Also during July, PANIC prepared a statement for the official voter handbook which the State of California distributes to all registered voters. This statement, the rebuttal to the official ballot argument against Proposition 64, asserted three "facts" about AIDS: 1) that "AIDS is *not* 'hard to get'; it is easy to get"; 2) that "potential insect and respiratory transmission have been established by numerous studies"; and 3) that "transmission by 'casual contact' is well established."²⁶ In a concurrent radio interview, LaRouche further declared that "AIDS is spread through the air and by mosquitoes," and that "a person with AIDS running around is like a person with a machine gun running around shooting up a neighborhood."²⁷

During the next two months, Proposition 64 began to encounter significant challenges. On August 8, the California judiciary deleted PANIC's three "facts" from the voter handbook, stating that these assertions not only were "false and misleading" but also would create a "dread, awful aura" around AIDS.¹⁷ Three days later, two faculty members of the University of California School of Public Policy at Berkeley issued an analysis of the potential economic impact of Proposition 64, which concluded that "worker dismissal could lead to a loss in economic output of about \$2.3 billion in the first year and \$14 billion over four years; as well as tax losses and other fiscal costs to California taxpayers of about \$230 million in the first year, and \$2.4 billion over four years."²⁸ By September 22, not only had the state's governor come out against the initiative,²⁹ but he was joined in his opposition by all 20 of California's Catholic bishops³⁰ and by the usually non-political American Red Cross.³¹ All emphasized that the proposed measure was medically unwarranted and needlessly contributed to AIDS hysteria. In response, PANIC announced it would distribute 3 million copies of a pamphlet to publicize the statements stricken from the official state ballot,³² a promise it upheld in graphic detail through statewide distribution of a slick, 32-page pamphlet entitled "A Vote for Proposition 64 could save the life of someone in your family."³³

It was at this point that the School of Public Health commenced its month-long series of educational events about Proposition 64. The simultaneous press conferences held on September 24 at the four schools were covered by all major and several smaller California newspapers, thereby reaching hundreds of thousands of people throughout the state^{8,34,35}; the policy paper also received extensive coverage in *Science*.¹⁷ These articles not only stressed the unprecedented nature of the schools' action but also highlighted the five main public health liabilities identified in the policy paper⁷:

- 1) Proposition 64 would foster the *inaccurate belief* that AIDS is a highly contagious disease, easily spread through food or by coughing, sneezing, touching and other types of casual contact;
- 2) Proposition 64 would deny jobs and contingent health insurance, as well as classroom-based education, to people who pose *no threat* to the general public health; Proposition 64 would thereby further strain Medi-Cal and other state-sponsored preventive health and medical programs;
- 3) Proposition 64 would force those who suspect they are infected to avoid utilizing health care services, for fear of being identified and possibly quarantined;
- 4) Proposition 64 would hamper necessary and critical research regarding transmission, prevention and treatment of AIDS;
- 5) Proposition 64 would waste state funds on ineffective, coercive intervention programs and thereby divert resources from the only known effective measure to reduce AIDS transmission: massive public health education.

Argued together, these five points countered PANIC's claim that opposition to Proposition 64 equaled disregard for the public's health.

To ensure that the report's findings would be available to public health officials and thereby better enable them to answer concerned citizens' questions regarding Proposition 64, the four schools distributed the document to all California county health officials. For the same reason, the school at Berkeley mailed additional copies to all its alumni/ae and to public advocacy groups geared toward educating the electorate about Proposition 64, such as CALM, NO on 64, and the San Francisco AIDS Foundation. Moreover, on September 29, the school presented testimony based on the policy paper to the State legislature, the same day that prominent researchers at Stanford University issued a strong statement against Proposition 64.³⁶ Finally, in October, the school conducted a special internal educational event and also co-sponsored two public forums on Proposition 64, one at Berkeley and one at the University of California, San Francisco medical school. These forums covered such topics as the overall public health, economic, and legal impact of Proposition 64 and its particular impact on both the gay and minority communities, as well as its clinical, research, and ethical implications.

By mid-October, key California newspapers, such as the *Los Angeles Times*, voiced their opposition to the measure, noting its widespread repudiation by all major public health, medical, political, religious, business, and labor leaders.³⁷ Opposition to Proposition 64 also received a major boost when Surgeon General C. Everett Koop spoke out against the initiative on October 22, 1986.³⁸ The net result of the widespread educating and organizing effort against Proposition 64 was that the measure was defeated on November 4 by slightly more than a 2:1 margin: 70 per cent of the voters opposed the initiative, but 29 per cent supported it.³⁹ While it is not possible to determine the degree to which the policy analysis issued by the California schools of public health

affected the outcome, it is clear that this unprecedented action significantly, and we believe appropriately, expanded the public educational role of the schools of public health in the state.

Rationale for the School's Involvement: The Electorate and AIDS

While the decision to offer a policy analysis of Proposition 64 may seem an obvious extension of the schools' educational missions, it is important to stress that this action represented the first time these schools had ever issued a policy analysis of a ballot measure. Although it is not uncommon for individual faculty to author policy analyses or to testify before state legislatures, it is extremely unusual for schools of public health, as public health institutions, to enter into the electoral fray. Evaluating the reasons why the schools chose to act, and differentiating their role from that of individual public health professionals, can therefore contribute to defining an important, but rarely assumed, educational role that schools of public health can play in bolstering the democratic basis of public health policy decisions.

The essential reason that the School of Public Health at the University of California at Berkeley prepared the policy paper, sponsored forums, and sought media coverage was based on the belief that the school has a public duty to expand its traditional educational sphere to include the electorate whenever the public is asked to vote on key public health issues. The primary goal of the school should be to ensure that voters have a clear understanding of the degree of scientific consensus and controversy regarding the public health measures on which they are to decide. This opinion is based on the following three principles:

- 1) For public policy to be formulated democratically, the electorate must be educated so that all equally possess sufficient knowledge to make considered judgments, especially when volatile issues are involved.⁴⁰
- 2) In those cases where specific technical knowledge is needed to assess the merit of the proposed policy, as is often the case in public health issues, mechanisms must be created to redistribute expertise more equitably so that the entire electorate, and not just experts, can attain an informed opinion.^{41,42}
- 3) When confronted by policy decisions that are to be decided in direct elections, the voting and tax-paying population should therefore expect technical assistance from institutions that rely on public funding to subsidize research relevant to the evaluation of these proposed policies.

Consequently, because the school is a recipient of state and federal funds for both AIDS and health policy research and because it possessed the technical expertise to address the content of Proposition 64, the school concluded that it had the public responsibility to educate the electorate about a controversial and critical ballot initiative which could significantly affect the overall public health response to a dire epidemic.

As an academic institution, the school as a whole drew a fine line between analysis and social advocacy, that is, explicitly campaigning for or against specific public health policies. The school as a state-sponsored university cannot directly support or oppose candidates or ballot measures, but university guidelines do permit university funds to be used for informational activities. In light of these restrictions, the school opted to issue a policy analysis—a type of study that requires reviewing the relevant scientific evidence, identifying what remains unknown and, on the basis of the existing

knowledge, formulating a reasoned judgment on the likely outcomes of the different policy alternatives while also making as explicit as possible when and where value judgments intersect and interact with scientific judgments.^{40,41} In the case of Proposition 64, this involved not only exposing the fallacious "scientific facts" upon which PANIC based its arguments, but also evaluating whether the measure could achieve its alleged intent (reducing the spread of AIDS), predicting what its likely public health impact would be, and cutting through public hysteria regarding AIDS so that the electorate could rely more on reason than emotion when voting on this measure. Although the analysis of Proposition 64 clearly showed the negative results of its enactment, the statement stopped short of recommending how the electorate should vote.

To some degree, the school's decision to prepare a policy paper was facilitated by the fact that the issue was so clear-cut from a scientific perspective. Expressing this view, one widely shared by many health professionals opposed to Proposition 64, was the statement made at the Stanford scientists' September 29 press conference by Dr. David Korn, dean of Stanford's medical school and chairperson of the National Cancer Advisory Board (a White House appointment):

As an individual who serves in a position of public responsibility, I am very cautious about making statements involving political issues. But this measure is not a matter of weighing the normal subtleties of public policy. It has been represented to the public based on patently inaccurate scientific information which unproductively feeds on public fears of a genuine health threat.³⁶

Likewise, opposition to the Justice Department's ruling hinged chiefly on the lack of evidence for casual transmission in the workplace.⁴

Even if the issue had been less clear-cut, however, the school would still have been justified in issuing a policy analysis; complexity does not dilute public responsibility. Deciding which public policy measures to analyze instead must be based on other criteria, many of which inherently are value laden. In our opinion, the highest priority of individual schools of public health should go to statewide referenda for which the two possible outcomes (passage or defeat) will have significant and dramatically different effects on the public's health. Proposition 64 clearly met these criteria. Similarly, precedent-setting public health measures that appear on local county or city ballots should also be prioritized. Moreover, at a national level, constitutional amendments or presidential candidates' proposals with significant public health impact should also be considered. In all cases, the issuance of a policy analysis by a school, rather than by individual faculty, can only be done when there is unanimous agreement of the faculty on the substance of the analysis.

Lastly, it is important to stress that restricting the role of schools of public health to policy analysis in no way implies that individual public health professionals should refrain from social advocacy. The decision of the deans of all 23 schools of public health to oppose the Justice Department's AIDS policy, and of the individual Stanford scientists to oppose Proposition 64, represent actions of this type. While it is beyond the scope of this paper to address the complex issues involved in assessing the role of advocacy, ideology, and partisanship in both the theory and practice of public health science,⁴³⁻⁴⁸ the history of this field strongly suggests that social advocacy based on the best science available at the time is an established part of our public health tradition and

does not inherently jeopardize scientific objectivity.⁴⁵⁻⁵³ Indeed, remaining silent on the key public health issues of the day, far from preserving an illusory "scientific purity," instead amounts to advocacy by default; in the case of AIDS, at issue is not *whether* but *which* AIDS policy will be developed, for by inaction or action, society will surely respond.¹⁴

Conclusion

The current challenge and the public responsibility of schools of public and public health professionals

As controversy over appropriate AIDS policy mounts, public health scientists and institutions will increasingly confront situations like the Justice Department's ruling and Proposition 64 and will have to decide how to react. At the time of this writing, PANIC supporters have gathered over 700,000 new signatures (twice as many as needed) in less than four months in an apparently successful attempt to get a new AIDS quarantine initiative on California's 1988 June ballot,^{52,53} suggesting that a new voter education effort will have to be mounted. Moreover, at another level in the electoral arena, political analysts have begun to predict that AIDS will be a significant issue in the 1988 presidential elections.⁵⁴⁻⁵⁷ Already, different candidates have offered fundamentally divergent AIDS programs, with most Republicans promoting testing and most Democrats favoring frank education as the best means to curb the epidemic⁵⁷; at this time, only one candidate, the Reverend Jesse Jackson, has called for a national health program to alleviate the health care access problems experienced by AIDS patients and others.⁵⁸ Were public health institutions to help the electorate evaluate the candidates' widely differing AIDS and health platforms, an important contribution would be made toward safeguarding the well-being of the nation as a whole.

In conclusion, the experience of the School of Public Health at the University of California at Berkeley in the Proposition 64 campaign leads us to believe that schools of public health have a public responsibility, based on the best knowledge available, to educate not only their students but also the electorate on the major public health issues of the day. Public health professionals as individuals also have a responsibility not only to educate but also to advocate those policies that best serve the public's interests, based on their own scientific knowledge, judgment, and values. Finally, public health cannot be separated from a concern for democracy and its requirement for an educated electorate, for public health in its broadest sense is public welfare and its foundations lie in social justice.

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World Health Day is April 7, WHO's 40th Anniversary

Each year, April 7 is celebrated as World Health Day, commemorating the date in 1948 when sufficient countries had ratified their signatures to bring the constitution of the World Health Organization into force.

Since 1950, a theme related to international public health has been chosen for World Health Day. "Health for all—all for health" is the theme selected for World Health Day 1988, since this year marks two significant anniversaries—the 40th birthday of WHO, and the 10th anniversary of the Historic Declaration of Alma-Ata. These anniversaries offer an opportunity to highlight the need for equity and justice in health, to re-state the aims embodied in the goal of "Health for all by the year 2000" agreed to by WHO's member countries, and to emphasize once more the importance of primary health care and community involvement in achieving that goal. While World Health Day is celebrated worldwide on April 7, the theme is regarded as valid for the rest of the year as well.